Questions from RSNs captured at 10/22 meeting with DSHS:

Enrollment/Per Capita Payments

1. RSN Question: Will DSHS share with the RSNs the map of zip codes to RSN? Previously the enrollment and per capita payment took into account zip codes that crossed RSN boundaries and weighted the payment accordingly.

   DSHS Answer: The breakdown of zip codes by RSN is ready for distribution to the RSN Technical Contacts distribution list and posting on the RSN Intranet site. Distribution and posting will occur the week of 12/8/08.

2. RSN Question: It appears that the state hospitals use different criteria than ProviderOne to derive a client's RSN. The hospitals currently use the CSOR whereas ProviderOne uses a client's zip code. Will the state hospitals adopt the P1 standard of zip code?

   DSHS Answer: The state hospitals use any and all information available to associate a patient with their RSN. Usually this is not an issue as the RSN refers each admission. When there is an issue, the hospitals use zip code, CSO, or calling an obvious RSN to verify, etc.

3. RSN Question: Will DSHS provide RSNs with a small 834 and 820 test file (say with 150 clients each) so the RSNs can begin testing internally?

   DSHS Answer: *DSHS will make 834 and 820 test files available to the RSNs during Pre-Production Testing. The test 834 & 820 will be generated as if in production. That is, the test file will include a full monthly Audit file and then subsequent weekly update files. The Audit file will include all members who are assigned to the RSN for the prospective month. The weekly Update file will include all adds, changes, and deletes that occur during the update period.*

Encounter Reporting

4. RSN Question: How will the reconciliation process work if data in the 837 like transaction does not match data in the demographic file sent to MHD-CIS?

   DSHS Answer: *DSHS is in the process of analyzing the extent that identifying demographic data resides in both the 837-like and non-standard demographic transactions (name, date of birth, etc.). This analysis will then determine the extent of the reconciliation process, if any. We will provide an update with the next response to these questions.*

5. RSN Question: Will DSHS provide a specification/file layout for the ETRR response file from the 837 like transaction and the non-standard demographic transaction? RSNs cannot program automated handling of the two (2) ETRRs without the specs.

DSHS Answer: *DSHS will make the ETRR response file layout available for the 837 like transaction as soon as the development process is complete. We will have a draft of the finalized layout available internally by the end of next week (Dec. 12th) and will make a final version available soon there after.*

DSHS assumes that the response file layout (ETRR equivalent) for the non-standard demographic transaction will not change because the transaction itself does not change. We will confirm this in the next update of these questions.

6. RSN Question: Will DSHS consider postponing implementation of 837 like encounter reporting in P1 until Phase 2 when P1 can accommodate both Medicaid and non-Medicaid data (or shift encounter reporting for both populations to P1 now)? It is costly and extremely burdensome for the RSNs to make temporary changes to the non-standard demographic file to only turn around at a later date and change again so the data can be accommodated in ProviderOne.

   DSHS Answer: *DSHS cannot postpone implementation of the 837, nor can we accommodate non-standard data in ProviderOne at start-up. However, given the concern raised by RSNs, the Department is considering options to reduce the reporting of non-standard data to non-Medicaid clients only (in other words, reporting for Medicaid clients would be the 837 transaction only). DSHS is still considering this option, especially to make sure there is no adverse impact to federal funding or mandated reporting requuirements. DSHS will report the status of this evaluation at the next RSN meeting.*

   As additional background on this issue, DSHS believes that the changes we are asking RSNs to make are not as significant as perhaps RSNs perceive them to be. There are two (2) reporting streams today (837 and non-standard data). There will be two (2) reporting streams tomorrow (837 and non-standard data). The difference in the future is the target systems – where the data streams are directed. The future reporting streams are the same basic content as today with some minor formatting changes.

In Hospital Utilization Reviews

7. RSN Question: Is the edit on RSN of record a hard or soft edit? In other words, can an RSN authorize an admission if the client belongs to another RSN?

   DSHS Answer: *Yes, it is a soft edit. The intent of this edit is to respond to concerns by the RSN Utilization Management staff about RSNs being financially liable for services that they did not have the opportunity to prior authorize or manage. It was intended this functionality would support proactive management of this issue.*

8. RSN Question: Will the system allow an RSN to authorize admission of a state-only (non-enrolled) client (whose Medicaid status is pending)?

   DSHS Answer: *Yes, this functionality was designed to support inpatient mental health and rehabilitation admissions. RSNs can build an authorization using a "place-holder"*

client ID number. The training for RSN staff will include how to manage these situations to support payment when the Client ID is finally assigned.

9. RSN Question: Will DSHS consider an electronic transaction (278-like Health Care Services review Authorization) rather than manually entering authorizations for in-hospital admissions? Manual entry runs the risk of causing data integrity issues as the same information is entered in the RSN systems as well.

   DSHS Answer: *Yes, we will consider this if it is feasible. We are investigating the options for performing this function and are planning a meeting with representatives from the RSNs and their contracted UR firms, to discuss the potential technology and process. Paul Bigelow is seeking participants and a meeting will be held in January (to be scheduled) to discuss.*

10. RSN Question: What are the criteria for the invoice that charges an RSN for in-patient hospital claims? Is it based on a client's zip code when the service occurred? Is there any weighting or look back to previous months when a client moves?

    DSHS Answer: *ProviderOne is currently working with MHD business representatives to define the ProviderOne reports necessary to support MHD business needs. It is expected that the ProviderOne report will provide the necessary detail to accompany the RSN invoice for in patient claims. Report parameters, such as weighting have yet to be defined.*

General

11. RSN Question: When will DSHS respond to the RSN comments on the Trading Partner Agreement (TPA)?

    DSHS Answer: *DSHS has reviewed the questions regarding the TPA and rather than respond point by point, would like to address the bulk of the question by clarifying terminology. We believe the TPA will be easier to understand within the framework of the following terms:*

    a) ***Implementation Guide****: The Implementation Guide is a federal document from the Department of Health and Human Services that outlines the specific requirements of HIPAA X12 transactions. The Implementation Guides can be found on the web http://www.wpc-edi.com/hipaa/.*

    b) ***Companion Guide****: The Companion Guide is a payer specific guide that supplements the federal Implementation Guide for HIPAA transactions. The Companion Guide defines payer specific requirements allowed under HIPAA regulations. For example, the Companion Guide defines optional fields that are required or payer specific instructions related to conditional fields. The Companion Guide supplements the Implementation Guide regulated by the federal government. The ProviderOne Companion Guide is posted at http://maa.dshs.wa.gov/dshshipaa. DSHS anticipates that the Companion Guide can change over time; however, the version date is clearly indicated on the cover page.*

*c) **Trading Partner Agreement (TPA):** The TPA is a very limited scope document. It does NOT replace or supersede the contract. Rather it is intended to govern the exchange of electronic data. It is intended to define our mutual expectations of how to engage in Electronic Data Interchange (EDI). It is not as formal as a contract. It is more like a Memorandum of Understanding (MOU) than a contract. A TPA is required for all electronic submitters.*

*d) **"Default"**: The TPA uses the term "default" which appears to be causing discomfort. Please be assured that DSHS intends to work with each RSN to test EDI transactions and to resolve any issues. The testing process is outlined in the Companion Guide referenced above. For example, prior to achieving HIPAA compliance for the current MMIS, DSHS worked with Clearing Houses, electronic billers and Managed Care Organization to test each transaction type until the issues were resolved. We never found anyone in "default". As long as the parties work in good faith to resolve issues, we are confident we will achieve HIPAA compliance.*

*e) **Units**: With implementation of ProviderOne, DSHS will require that units reported on encounters are consistent with the national code sets required by HIPAA. For example, if the encounter is for a procedure code that is in days or minutes, the corresponding encounter report must be in days or minutes. The ProviderOne Companion Guide does NOT prohibit reporting in minutes when minutes are the prescribed unit for the national service code.*

12. RSN Question: When will DSHS provide a copy of the PIC/P1 ID client crosswalk (needs to include zip code and county)?

    DSHS Answer***:*** *The client cross walk (PIC code to new P1 client ID) is currently being tested. A test crosswalk file has been distributed to the RSN's via our secure FTP portal the week of 12/1 thru 12/5 for the RSN's review and testing. Yes, the client crosswalk includes zip code and county.*